



Blood and Transplant

To: Medical Director, Chief Executive Officer, Transfusion Laboratory Manager, Transfusion Practitioner, Chair of RTC, Chair of HTC, Consultant Haematologist with Responsibility for Blood Transfusion, England EPRR and Chief Nurses

30 December 2024

Low Stock of Platelets – AMBER ALERT UPDATE

Dear Colleagues

Thank you for your help so far. Unfortunately, our stock levels remain low. We are doing all we can to bring in more donations but will need your help with reducing demand to maintain an uninterrupted supply.

Please ensure you have implemented your Emergency Blood Management Arrangements (EBMA).

The EBMA [checklist](#) will support you and your group. Please also refer to the [BSH Guidelines for the Use of Platelets in a Platelet Shortage](#) and National Blood Transfusion Committee's [Platelet Shortage Plan](#)

To help with contingency planning, please can you make sure that your LIMS system and processes are set up to be able to issue out **Reduced Dose Platelets and 5-day Platelets. This is only a precaution at this time.**

The bar codes for these components are available in the [NHSBT Portfolio of Blood Components](#). Please see pages 82 and 83.

Guidance on usage is also available on the Hospitals & Science [Business Continuity/Blood Stock](#) page.

To maximise use of platelets please take the following 11 actions:

- Restrict platelet stockholding
- Consider extending the interval between prophylactic transfusions if safe to do so
- Use apheresis and pooled platelets interchangeably (except for HLA/HPA matched platelets)
- Do not request long-dated platelets
- Accept platelets of a different ABO group (in line with BSH guidelines)
- Accept leucodepleted platelets instead of CMV negative platelets

- Accept D positive platelets where D negative are not available and administer anti-D to D negative patients of childbearing potential where applicable (250 IU anti-D will cover 5 adult units of platelets)
- Consider sharing platelets across Trusts where feasible to increase local pools/availability and across organisations
- Reduce usage to those categories identified in the shortage plan. Ensure all requests are made by a senior clinician
- Utilise alternatives to transfusion of platelets, i.e., tranexamic acid
- Monitor outcomes of platelet transfusions to inform further transfusion support required

Any delays to transfusion or any avoidable transfusion incidents should be reported to Serious Hazards of Transfusion (SHOT). Please submit daily component stock levels strongly recommended and wastage data (at least weekly) to the Blood Stocks Management Scheme via into VANESA

Appropriate Use of Platelets:

The Patient Blood Management Team have produced a range of [resources](#) to support best practice in Platelet use.

If you need any support or guidance, please contact your Hospital Customer Service Manager.

Alternatively phone our Response Desk on 0208 201 3107, 09:00 to 17:00 Monday to Friday; we'll be pleased to help.

Thank you for your ongoing support.

Please cascade to laboratory and clinical staff as appropriate.

Yours Sincerely

Gerry Gogarty
Director of Blood Supply
NHS Blood and Transplant

